Gov	ernm	ent c	of the
Dist	rict o	f Col	umbia

STAPLE CHECK OR MONEY ORDER HERE

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND OTHER WITHHOLDING STATEMENTS HERE ▶

2002 D-40 SUB Individual Income Tax Return



File order 1

Personal information		is different than you		OFFICIAL USE ONLY
(-)	X Amended return	X Filing for a dece	ased taxpayer	
our first name	M.I. Last name	A A A A A A A A		
Spouse's first name	M.I. Last name			
AAAAAAAAAAAA		A A A A A A A A		
our social security number	Spouse's social security number	Your daytime phone number		
999-99-9999	999-99-9999	999-999-999	9	
Home address (number and street) If	foreign address use Schedule S.	Apartment number		
99999AAAAAAAAA		99AAA		
	A A A A A A A A A A A A A A A			
Dity		State Zip	00 0000	
A A A A A A A A A A A A A A A	AAAA	AA 9999	99-9999	
Filing status				
	ried filing jointly X Marrie	ed filing separately	X Dependent claimed b	vy someone else
A Single A Mai	rica lilling jointly A Maine	od IIII ig soparatory	Dependent diamed to	y someone cise
X Married filing sepa	arately on same return Lines 3	3 through 43 are combined	amounts. Attach Calculation	J.
X Head of household	d Name of qualifying person who i	ıs not your dependent appe	ears on Schedule S. Attach S	chedule S.
2 X Part-year resident	Number of months of DC	residency: 99		
	ough 12 are from your federal return. sted on your DC return, but are include			If amount is zero, leave line blan
Wages, salaries, tips, e		ded in your rederar adjusted	91055 11100116.	3 999999999.0
vvages, salalies, lips, e	10.			0 99999999.00
1 Taxable interest				4 999999999.00
5 Ordinary dividends				5 999999999.00
Business income or los	SS Attach copy of federal Schedule C		Mark if loss: X	6 99999999.00
7		employer ID 99-999		7 000000000
7 Capital gain or loss Atta	ach copy of federal Schedule D.		Mark if loss: X	7 999999999.00
B Rental real estate, royal	ties, partnerships, S corporations	e truete ato	Mark if loss: X	8 999999999.00
Attach copy of federal Sch		5, li d3l3, dl0.	IVIAIN II 1055. A	0 77777777.00
Other income From 10			Mark if loss: X	9 99999999.00
10 Federal total income			Mark if loss: X	10 999999999.00
11 Adjustments Attach co	by of page 1 of 1040 or 1040A.			11 999999999.00
12 Federal adjusted gross	income		Mark if loss: X	12 999999999.00
				10 000000000000
	ral adjusted gross income From	Calculation A, page 9.		13 999999999.00
	college savings plan this year	99	9999999.00	13a 999999999.0 0
	income received while residing o			14 999999999.00
14 Add Line 13 and 13a, ther	i subuacu irom line 12		Mark if loss: 1	4 ////////
15 Additions to federal adi	usted gross income From Calcula	tion B		15 999999999.00
	acted group in our no mon odicula			
16 DC adjusted gross inco	DME Line 14 plus line 15.		Mark if loss: X	16 999999999.00

66 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

AAAAAAAAAAAAAAAAAA 999-99-9999

File order 2



			Amou	nt from lin	e 16 on the previous page.	16	0000	99999.
DC taxable income 17 Deduction type	X Standard	X Ite			y of federal Schedule A.	10	7777	77777.
18 DC deduction amount	A Standard	A 100	SIIIIZEU A	Attach cop	y of federal Schedule A.	18	9999	99999.
19 Number of exemptions					9		,,,,	,,,,,,
20 Exemption amount \$1,370 mu	ultiplied by lin	e 19 If na	art-vear re	esident fro		20	9999	99999.
21 Line 18 plus line 20.	atipilea by in	C 13. 11 pc	art year re	Joidont, ire	in calculation in	21		99999.
22 Taxable income Line 16 minus	line 21.					22	9999	99999.
DC tax, credits, and payments								
23 Tax X From Calcula	ation J for m	arried till	ng separ	ately on s	ame return.	23	9999	99999.
24 Out-of-state tax credit S	State AA	Attach	copy of s	tate return	1.	24		99999.
25 Credit for child and depend Attach copy of federal Form 2441	dent care ex	xpenses	nt DC Fa	- D 244		25		99999.
			int, DC FO	NIII D-244	4-			
26 DC Metropolitan Police Depart	tment housir	ig credit				26		9999.
27 DC Low Income Credit Attach	copy of 1040	, 1040A o	r 1040EZ			27		9999.
28 Total non-refundable credits	Total of line	s 24 thro	ough 27.			28		99999.
29 Total tax Line 23 minus line 28.	1(1)		1: 00			29	0000	00000
29 Total tax Line 23 minus line 28.	. If line 23 is	iess than	iine 28, e	nter U.		29	9999	99999.
30 Property tax credit Attach D.	.C. Schedule	Н.				30		99999.
31 DC Earned Income Tax Credit Attach copy of federal Form 1040			deral EIC	999	99.00	31		9999.
32 DC income tax withheld From	Forms W-2 an	ıd 1099.				32	9999	99999.
33 2002 estimated income tax pa	ayments					33	9999	99999.
34 Payments made with an exten	sion of time	to file At	ttach copy	y of DC Fo	rm FR-127.	34	9999	99999.
35 Total payments and refundab	ole credits	Total of I	ines 30 t	hrough 34	4.	35	9999	99999.
							, , ,	,,,,,
Vous refund								
					unt you owe			
	36 9	99999	.00	41	Tax due Line 29 minus line 35.		41 9	99999.
36 Amount you overpaid Line 29 minus line 35.		99999 99999			Tax due			99999. 99999.
Amount you overpaid Line 29 minus line 35. Amount you want to apply to your 2003 estimated tax	37 9 38 9		.00	41	Tax due Line 29 minus line 35. Contribution to the public trus		42 9	
Amount you overpaid Line 29 minus line 35. Amount you want to apply to your 2003 estimated tax Contribution to the public trust for drug prevention and children at risk	37 9 38 9	99999	2.00	41	Tax due Line 29 minus line 35. Contribution to the public trus drug prevention and children a Total amount due Line 41 plus line 42. Payment options	ıt risk	42 9 43 9	99999.
Amount you overpaid Line 29 minus line 35. Amount you want to apply to your 2003 estimated tax Contribution to the public trust for drug prevention and children at risk Line 37 plus line 38.	37 9 38 9 39 9	99999 99999 99999).00).00	41	Tax due Line 29 minus line 35. Contribution to the public trus drug prevention and children a Total amount due Line 41 plus line 42.	t risk er payable	42 9 43 9 45 DC Tr	99999. 99999.
Amount you overpaid Line 29 minus line 35. Amount you want to apply to your 2003 estimated tax Contribution to the public trust for drug prevention and children at risk Line 37 plus line 38.	37 9 38 9 39 9	99999 99999).00).00	41	Tax due Line 29 minus line 35. Contribution to the public trus drug prevention and children a Total amount due Line 41 plus line 42. Payment options Attach check or money ord	er payable	42 9 43 9 43 9 43 to DC Tr 29 or visit	99999. 99999. easurer
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